

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

C. Burt
FILING DATE

10/5/754
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6	1		1			
7						
8						
9						
10						
11						
12						
13						
14	1		1			
15	1		1			
16						
17						
18	1		1			
19	1		1			
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48						
49						
50						
TOTAL IND.			15			
TOTAL DEP.		14				
TOTAL CLAIMS		19				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						